



THOMAS L. GARTHWAITE, M.D.
Director and Chief Medical Officer

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COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
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BOARD OF SUPERVISORS

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August 5, 2004

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**AMENDMENT WITH ATLAS DATABASE CORPORATION FOR PUBLIC
PREPAREDNESS AND RESPONSE (All Districts) (3 Votes)**

CIO RECOMMENDATION: APPROVE ☒ APPROVE WITH MODIFICATIONS ☐ DISAPPROVE ☐

IT IS RECOMMENDED THAT YOUR BOARD:

1. Authorize and instruct the Director of Health Services, or his designee, to execute Amendment No. 8 to Agreement No. H-209231 with Atlas Database Software Corporation (Atlas), substantially similar to Exhibit I, to increase the maximum obligation from \$1,897,110 to \$2,697,074, an increase of \$799,964, 100% offset by the Centers for Disease Control and Prevention (CDC) award No. U90/CCU917012-04, and to extend the term of the agreement from September 1, 2004 through August 31, 2005, with a provision for a 12-month renewal through August 31, 2006, at the sole option of the County and contingent upon CDC funding.
2. Delegate authority to the Director of Health Services, or his designee, to increase the maximum obligation, during the renewal period, by up to 25% of the maximum obligation, subject to review and approval by County Counsel and Chief Information Office, and notification of Board offices.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS:

Approval of Amendment No. 8 with Atlas will enhance the Department's ability to respond to acts of bioterrorism.

The additional funds will be utilized by Atlas to provide upgraded support/maintenance and enhancements to the existing Visual Confidential Morbidity Report (VCMR) system and implement the migration of the VCMR system to a web-based platform with expanded disease surveillance and epidemiologic response capabilities for bioterrorism.

FISCAL IMPACT/FINANCING:

Amendment No. 8 to the Atlas Agreement will increase the maximum County obligation from \$1,897,110 to \$2,697,074, an increase of \$799,964, 100% offset by CDC award No. U90/CCU917012-04, for the period of September 1, 2004 through August 31, 2005.

Funding for this amendment is included in the Fiscal Year 2004-05 Adopted Budget. There is no additional net County cost associated with these recommendations.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

Since September 10, 1996, the Board accepted funding from the CDC to develop and maintain a surveillance response to infectious diseases. On May 19, 1998, the Board approved an agreement with Atlas. Subsequently, the Board approved Amendments No.1 through 6 to extend the term and increase the maximum obligation.

On August 27, 2003, the Board was notified that the Department of Health Services (DHS) was exercising its delegated authority to execute Amendment No. 7 to provide support/maintenance and enhancements for the existing VCMR system and develop plans for the migration of the VCMR system to a web-based platform with expanded disease surveillance and epidemiologic response capabilities for bioterrorism.

Amendment No. 7 laid the ground work for migration of VCMR system to web-based platform based on CDC Public Health Information Network (PHIN) and National Electronic Disease Surveillance System (NEDSS) standards. In addition, Amendment No. 7 provided funds to conduct a feasibility study, examine parameters, and analyze the VCMR application.

Amendment No. 8 increases the maximum obligation by \$799,964, 100% offset by CDC funds, and will allow for the:

1. Provision of additional maintenance and enhancements to the existing VCMR system.
2. Conversion of the existing VCMR system to a web-based platform.
3. Development and implementation of LAC PHIN application security gateway to facilitate access to VCMR.
4. Development of an interface and a messaging system for incident and case reporting from VCMR to LAC-PHIN architecture and to the State Web Confidential Morbidity Report (CMR) Project.

In May 2003, the DHS Public Health Information Systems and County Chief Information Office approved the Bioterrorism Preparedness and Response Program's proposed development plan and

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August 5, 2004
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strategic direction for information technology. As part of this plan, the Department has been developing the contract amendment with Atlas to execute any necessary development activities.

Attachment A provides additional information.

County Counsel has approved Exhibit I as to form.

The Chief Information Officer concurs with the Department's recommendation.

CONTRACTING PROCESS:

Atlas was awarded an initial sole source agreement because of its proprietary rights to the only available Graphical User Interface (GUI) for the County's Automated Vital Statistical System (AVSS). Atlas' experience with the State of California AVSS provides unique knowledge needed to successfully automate communicable disease reporting to the State. Because of the proprietary nature of GUI and other related software products, no other vendor can provide these services.

Considering the expertise of the contractor, the lack of in-house resources, and the need to quickly implement these activities to meet urgent CDC grant requirements and national preparedness mandates, it is recommended to continue the services provided by Atlas.

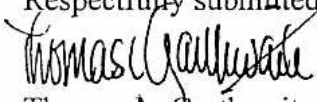
A sole source justification letter is on file with the Department.

IMPACT ON CURRENT SERVICES (OR PROJECTS):

Approval of this Amendment will allow the continued utilization of funds as awarded by the CDC to enhance the Department's ability to respond to acts of bioterrorism.

When approved, the Department requires three signed copies of the Board's action.

Respectfully submitted,


Thomas N. Garthwaite, M.D.
Director and Chief Medical Officer

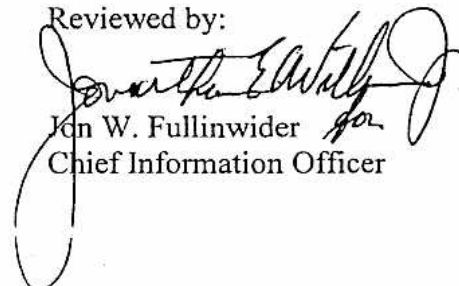
TLC:ML

Attachments

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

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Reviewed by:


Jon W. Fullinwider
Chief Information Officer

ATTACHMENT A

SUMMARY OF AGREEMENT (Atlas Database Software Corporation)

1. TYPE OF SERVICE:

Atlas Database Software Corporation (Atlas) has assisted the Department of Health Services in developing graphical interfaces to enhance the communicable disease reporting system. Amendment No. 8 will allow for additional enhancements and redesign of the Visual Confidential Morbidity Report (VCMR) system and provide 24/7 surveillance and case management tools for suspect and mandated reportable diseases.

2. AGENCY ADDRESS AND CONTACT PERSON:

Atlas Database Software Corporation
26679 West Agoura Road, Suite 200
Calabasas, California 91302
Attention: Stephen C. Atlas
Telephone: (818) 340-7080
Facsimile: (818) 340-7079

3. TERM:

Amendment No. 8 will be effective from September 1, 2004 through August 31, 2005, with the provision one 12-month renewal from September 1, 2005 through August 31, 2006.

4. FINANCIAL INFORMATION: Amendment No. 8 will extend the term to August 31, 2005, and increase the cumulative maximum obligation by \$799,964, from \$1,897,110 (Amendment No. 7) to \$2,697,074.

| | | Amend. No.1 | Amend. No.2 | Amend. No.3 | Amend. No.4 | Amend. No.5 | Amend. No.6 | Amend. No.7 | Amend. No.8 |
|--------------------------------------|-----------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Effective 5/19/98 through: | 08/31/99 | 08/31/00 | 08/31/00 | 08/31/00 | 08/31/01 | 08/31/02 | 08/31/03 | 08/31/04 | 08/31/05 |
| Cumulative Maximum County Obligation | \$120,000 | \$210,000 | \$283,000 | \$356,989 | \$709,669 | \$1,151,352 | \$1,531,371 | \$1,897,110 | \$2,697,074 |
| Less: CDC FY 97-98 Funds | | (120,000) | (120,000) | (120,000) | (120,000) | (120,000) | (120,000) | (120,000) | (120,000) |
| Less: CDC FY 98-99 Funds | | (80,000) | (80,000) | (80,000) | (80,000) | (80,000) | (80,000) | (80,000) | (80,000) |
| Less: CDC FY 99-00 | | (10,000) | (50,000) | (50,000) | (50,000) | (50,000) | (50,000) | (50,000) | (50,000) |
| Less: VRIF Funds | | | (33,000) | (106,989) | (459,669) | (901,352) | (1,021,371) | (1,021,371) | (1,021,371) |
| Less: BT Funds 01-03 | | | | | | | (260,000) | (260,000) | (260,000) |
| Less: BT Funds 01-03 | | | | | | | | (1,000,000) | (1,000,000) |
| Less: BT Funds 03-04 | | | | | | | | | (799,964) |
| Net County Costs: | \$ - 0 - | \$ - 0 - | \$ - 0 - | \$ - 0 - | \$ - 0 - | \$ - 0 - | \$ - 0 - | \$ - 0 - | \$ - 0 - |

5. PRIMARY GEOGRAPHIC AREA TO BE SERVED: Countywide.

6. DESIGNATED ACCOUNTABLE FOR PROGRAM EVALUATION: John Schunhoff, PhD, Chief of Operations, Public Health Sharon Grigsby, Executive Director, Public Health Preparedness and Response for Bioterrorism

ATTACHMENT A

7. APPROVALS:

Public Health Programs:

Contracts Administration:

County Counsel (approval as to form):

Jonathan E. Fielding, MD, MPH

Irene E. Riley, Director

Christina A. Salseda, Deputy County
Counsel

CIO ANALYSIS

Department of Health Services Amendment No. 8 to
Agreement No. H-209231 with Atlas Database Software Corporation

CIO RECOMMENDATION: ☒ APPROVE ☐ APPROVE WITH MODIFICATION
☐ DISAPPROVE

Contract Type:

☐ New Contract ☒ Contract Amendment ☐ Contract Extension
☐ Sole Source Contract

New/Revised Contract Term: Base Term: 1 Yrs # of Option Yrs 1

Contract Components:

☒ Software ☐ Hardware ☐ Telecommunications
☒ Professional Services

Project Executive Sponsor: John F. Schunhoff, Ph.D., Chief of Operations, PHD

Budget Information :

| | |
|-----------------------------|--------------|
| Y-T-D Contract Expenditures | \$ 1,897,110 |
| Requested Contract Amount | \$ 799,964 |
| Aggregate Contract Amount | \$ 2,697,074 |

Project Background:

| Yes | No | Question |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is this project legislatively mandated? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is this project subvented? If yes, what percentage is offset? |

Strategic Alignment:

| Yes | No | Question |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is this project in alignment with the County of Los Angeles Strategic Plan? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is this project consistent with the currently approved Department Business Automation Plan? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the project's technology solution comply with County of Los Angeles IT Directions Document? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the project technology solution comply with preferred County of Los Angeles IT Standards? |

Project/Contract Description:

The Department of Health Services (DHS) is requesting the Board to delegate authority to the Director of Health Services, or his designee, to sign Amendment No. 8 to Agreement H-209231 with Atlas Database Software Corporation to provide maintenance and enhancements to the Visual Confidential Morbidity Report (VCMR) system to support 24/7 surveillance and case management tools for suspect and mandated reportable diseases.

The proposed Amendment No. 8 will increase the maximum obligation for this agreement from \$1,897,110 to \$2,697,074, an increase of \$799,964. This funding is fully offset (no net County cost) by federal Centers for Disease Control and Prevention (CDC) Bioterrorism Preparedness and Response grant funds. This Amendment extends the term of the agreement for one year through August 31, 2005, and further delegates authority to execute a 12-month renewal through August 31, 2006, with approval of County Counsel and the CIO. In addition, DHS is requesting delegated authority to execute future amendments to the scope of this agreement and the contract sum, up to a maximum of 25 percent of the maximum contract obligation. Execution of the renewal and future amendments are contingent upon CDC funding will be subject to review and approval by County Counsel and my office, and notification to Board offices.

Services under this amendment include:

- Conversion of the existing client-server VCMR system to a web-based platform to facilitate disease incident reporting that is consistent with local DHS information technology standards and CDC Public Health Information Network/National Electronic Disease Surveillance System functions and technical specifications.
- Development of a directory service to facilitate secure access to the VCMR system utilizing authentication and role-based security to replace the current application specific authentication and security.
- Development of an interface and a messaging system for incident and case reporting for the VCMR system to Public Health Operational Data Store and to the State Web Confidentiality Morbidity Report System.
- Provision for Standard Pool Hours to provide for minor system enhancements, modifications, and features to support disease reporting and outbreak investigations.

Background:

Under the California Code of Regulations, medical care providers, educators, laboratories, and others are required to report incidents of specific diseases or conditions to their local health department. Within DHS, the lead unit for the surveillance and investigation of suspected and confirmed communicable disease (CD) cases and outbreaks is the Acute Communicable Disease Control (ACDC) unit. ACDC oversees the epidemiology and control of all reportable diseases except AIDS, sexually transmitted diseases (STDs) and TB, sets policy for field staff,

and provides guidance to the medical community. As a result of these codes and regulations, DHS is mandated to investigate reported suspect cases in order to control and prevent the outbreak of communicable diseases within Los Angeles County.

This agreement was originally established to facilitate development of an automated Visual Confidential Morbidity Report (VCMR) system to replace the old manual CD reporting system. The VCMR system is a client-server application that enables the ACDC to report, investigate, and track communicable disease incidents. The DHS Bioterrorism Preparedness and Response Program elected to enhance the VCMR system to support bioterrorism surveillance and epidemiologic response capacity. In order to align with CDC-sponsored initiatives including the Public Health Information Network and National Electronic Disease Surveillance System, the VCMR system is being enhanced to support and manage critical bioterrorism incidents and public health emergencies, promote the integration and consolidation of disease reporting, and expand standards-based electronic data exchange capabilities with public health partners for the purpose of bioterrorism surveillance.

Project Justification/Benefits:

The VCMR system uses wide-area-network (WAN) connectivity enabling staff in multiple locations throughout the County to access the critical data residing in the system. The result has been a greater ability to monitor and track the status of a disease or outbreak investigation, ability to quickly generate timely and accurate epidemiological reports to identify clusters of diseases or outbreaks, and improve internal communication through 24-hour alerts disseminated via e-mail, pager, cell phone or wireless device.

Given the vast synergy between general communicable disease control activities and bioterrorism surveillance and epidemiologic response, the Bioterrorism Preparedness and Response Program has elected to enhance the VCMR application to provide an effective system for managing incidents of various types including biological, chemical, and radiological events. Enhancements to critical features of the VCMR system will also assist with the integration of disease reporting (e.g., STD, TB, HIV) and expansion of web-based reporting tools within the jurisdiction in order to ease the burden on public health partners and increase overall disease reporting levels.

Project Metrics

Initial project metrics included broad acceptance of VCMR from both public and private partners throughout testing and deployment phases. The system has fostered greater collaboration between investigative units within the department and will serve as a catalyst for integration of other disease reporting programs.

Enhancements and modifications to system functionality as well as all new development will be tested and validated by focus groups of VCMR users to ensure compliance with desired specifications prior to final validation of system improvements.

Impact If Proposal Is Not Approved

- DHS Public Health would be unable to meet CDC grant requirements, which could potentially impact future CDC funding due to noncompliance.
- DHS' bioterrorism preparedness efforts would be hampered by inability to implement enhancements necessary to ensure availability of VCMR system to investigative units.
- DHS would not be able to exchange critical electronic health information with key public health partners, which would limit the Department's ability to respond to public health emergencies such as bioterrorism.

Alternatives Considered:

Prior to development and deployment of VCMR, DHS Public Health evaluated other available options including other commercially available systems. However, other systems could not support all the features of VCMR and would be more costly to adapt to meet the needs of bioterrorism preparedness and response than other systems.

Project Risks:

There are no identified risks to the Department and County in undertaking this project.

Risk Mitigation Measures:

None

Financial Analysis:

There is no net County cost associated with the Agreement. This amendment is 100 percent offset by CDC Bioterrorism Supplemental Grant funds.

CIO Concerns:

None

CIO Recommendations:

The CIO recommends approval of this Amendment.

CIO APPROVAL

Date Received: 08/02/2004
Prepared by: Theresa Melendez
Date: 08/05/2004
Approved: Joseph E. Sullivan
Date: 08/05/2004